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Ruane-McAteer, E., O'Sullivan, J., Porter, S., & Prue, G. (2016). An exploration of men's experiences of undergoing active surveillance for favourable-risk prostate cancer: a mixed methods study protocol. *Psycho-oncology*, 25(S1), 16-17. <https://doi.org/10.1002/pon.4077>

Published in:
Psycho-oncology

Document Version:
Peer reviewed version

Queen's University Belfast - Research Portal:
[Link to publication record in Queen's University Belfast Research Portal](#)

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An Exploration of Men's Experiences of Undergoing Active Surveillance for Favourable-Risk Prostate Cancer: A Mixed Methods Study Protocol.

Ruane-McAteer, E. O'Sullivan, J. Porter, S. Prue, G.

Background

Frequently men with prostate cancer (PCa) are diagnosed with favourable-risk disease. Active Surveillance (AS) allows these men to postpone or avoid the adverse side-effects associated with curative treatment until the disease progresses, although this uncertainty can create an additional emotional burden.

Aims

To determine the frequency and temporal variability in anxiety, depression, uncertainty and physical symptoms in men with favourable-risk PCa; to identify personality or socio-demographic characteristics that may predict psychological adjustment; and, to explore, in depth, the personal experiences of men undergoing AS.

Methods

A mixed-methods sequential explanatory design consisting of two phases: quantitative followed by qualitative. Ninety men with favourable-risk PCa will be assessed immediately post-diagnosis and followed quarterly for 12 months, ninety matched non-cancer men will be followed simultaneously. For Phase 2 10-15 AS patients will participate in qualitative interviews.

Results

Psychological and physical symptoms will be assessed to determine their prevalence and severity over time. Personality and socio-demographic factors will be explored to identify predictors of psychological adjustment. Qualitative interviews will facilitate further exploration of quantitative results and obtain deeper understanding of participants' personal interpretations of their illness and experiences of AS.

Discussion

To our knowledge, this is the first mixed-methods study to utilise early baseline measures and include a non-cancer comparison group to most accurately capture the experience of AS. We hope the study will allow health care professionals to identify those men who may require additional support throughout their time on AS therefore improving patient care and acceptance of this management option.